DATENT	APPLICATION	FEE DETERM	INATION	RECORD
PAICNI	APPLICATION	PEE DE LENIVI	HALIOI	NECUND

Application or Docket Number

	. AIEM A	E	Effective	e Decemb	er 29, 1999			(94/4	9//	142	
	CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN											
				olumn 1)		mn 2)	TYF	PE		OR	SMALL	ENTITY
FO)H 			R FILED	NUMBER	EXIHA	RAT	Έ	FEE		RATE	FEE
ВА	SIC FEE		3.7				1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		345.00	OR	3	690.00
то	TAL CLAIMS			3 minus 2	20= *		X\$ 9	9=		OR	X\$18=	
IND	EPENDENT CL	AIMS		minus	3 = *		X39)=		OR	X78=	
MU	LTIPLE DEPEN	DENT (CLAIM PF	RESENT			+130)=		OR	+260=	
* If	the difference	in colu	mn 1 is l	less than ze	ro, enter "0" in o	column 2	TOT	AL	345	OR	TOTAL	
	C	I AIMS	2 A S A	MENDED	- PART II					t .	OTHER	THAN
	•		ımn 1)		(Column 2)	(Column 3)	SMA	LL I	ENTITY	OR	SMALL E	
ENT A		CL/ REM/ AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	13	Minus	- 20	=	X\$ 9) =		OR	X\$18=	
AME	Independent	*	• 1	Minus	3	=	X39)=		OR	X78=	
`	FIRST PRESE	NTATIC	N OF MU	JLTIPLE DEF	PENDENT CLAIM	<u></u> j	+130)=		OR	+260=	
							TC	TAL			TOTAL	
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			umn 1) AIMS	44.78 x 4 4.2	(Column 2) HIGHEST	(Column 3)		- 1	ADDI-	1 1		ADDI
MENDMENT B		AF	AIÑING TER IDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	TIONAL	;	RATE	TIONAL
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	in the same		umn 1) AIMS		(Column 2) HIGHEST	(Column 3)			4001	ı		LADDI
AMENDMENT C		REM AF	AINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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٨	FIRST PRESE	NTATIO	ON OF M	ULTIPLE DE	PENDENT CLAIM	1	^3	, <u> </u>	1	OR		
							+13	0=		OR	+260=	<u>.</u>
**	If the "Highest Nu	mber Pr	eviously P	aid For" IN TH	umn 2, write "0" in c IS SPACE is less th	an 20, enter "20.	TO - ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	
***	in the "Highest Nu The "Highest Nur	ımber Pre nber Pre	eviously P viously Pa	aid For" (Total c	IS SPACE is less the range of the second of the Independent) is the second of the seco	ıan ૩, enter "ਤ." ne highest numbe	er found in t	he ap	propriate bo	x in co	olumn 1.	

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FE	E REFUND						
1 Date of Request: 1/1/2 2 Serial/Patent # 0 9 49 1/1/2							
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE / FILED	6 AMOUNT				
Filing			\$				
Amendment			\$				
Extension of Time			\$				
Notice of Appeal/Appeal			\$				
Petition	16	5/6/03	\$ 55				
Issue			\$				
Cert of Correction/Terminal Disc.			\$				
Maintenance			\$				
Assignment			\$				
Other			\$				
	7 TOTAL AMOUNT S						
	8 TO BE REFUNDED BY:						
10 REASON:	Treasury Check						
Overpayment	Credit Deposit A/C #:						
Duplicate Payment	10-10180						
No Fee Due (Explanation):							
1.181							
TYPED/PRINTED NAME: TITLE:							
SIGNATURE: PHONE: 7733807							
OFFICE:							
THIS SPACE RESERVED FOR FINANCE USE ONLY:							
APPROVED: COMMUNICATION DATE: DATE:							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B